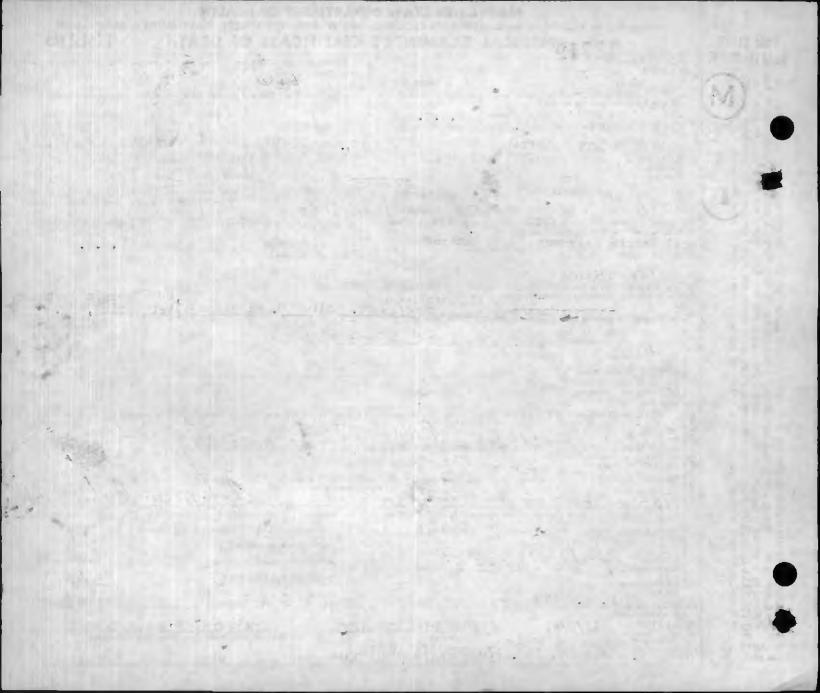
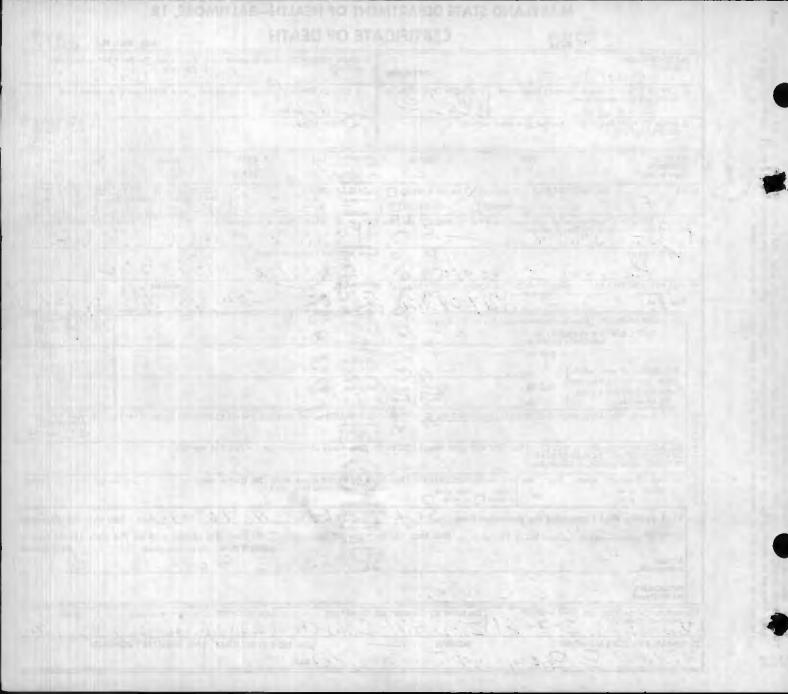
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET. **BALTIMORE 1, MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution Residence before edmission) . COUNT cirector, Page b. COUNTY files. MARYLAND b. CITY OR FOWN (if butside corporate fimits, c. LENGTH OF STAY IN 16 OR TOWN (If our e corporate limits, write RURAL and give nearest town) write RURAL and give peerest tow your D. O. A. State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) for d. STREET ADDRESS . IS RESIDENCE ON A FARM? AVENUE YES NO 12.809 GEOFGIA retained HOSPITAL CALVERT after death. NAME OF 4 DATE Month DECEASED OF 2 with the (Type or print) DEATH 5. SEX COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. uid be exacuted within 24 flours after death in pencil in them 18. Give Pages 1, 2, and 3. Office along with form PM3. Page 5 may bourial-transit permit. File pages 1 and 2 with over 1 and 1 a las bishdey) Months I Days WIDOWEDNX 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retirad) Retired Real Estate Salesman Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FANNIE SWITZER Daniel Caricofe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes. no. or unkown) | (Ifvestiva waror dates of service) .809 Georgia Avenue Office along with burial-transit permi WilliamsSilver Spring, Md This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause par line for (s), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **BUE TO** Conditions, if any, which (P) gave rise to immediate cause "pending" ю DUE TO (a), stating the underlying 88 Medical Examiner JO. cause last. pe nsed cremation, PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO/THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? esse execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremating the statement of the companies of th YES NO SCRIBE HOWIDDERY OCCURED. (Entar natura of injury in Part I or Part II of item 18. 200. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. CAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e., PLACE OF INJURY (Home, form, 20f. (City or (Court (Stata) factory, street, office bldg., atc.) Whila Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER [designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREON 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) 0 BURTAL CEDAR HILL PRINCE GEORGE'S MARYLAND 24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE ADDRESS VS. AISME 5M 7/59 DATE arthur & Krow

MARYLAND STATE DEPARTMENT OF HEALTH

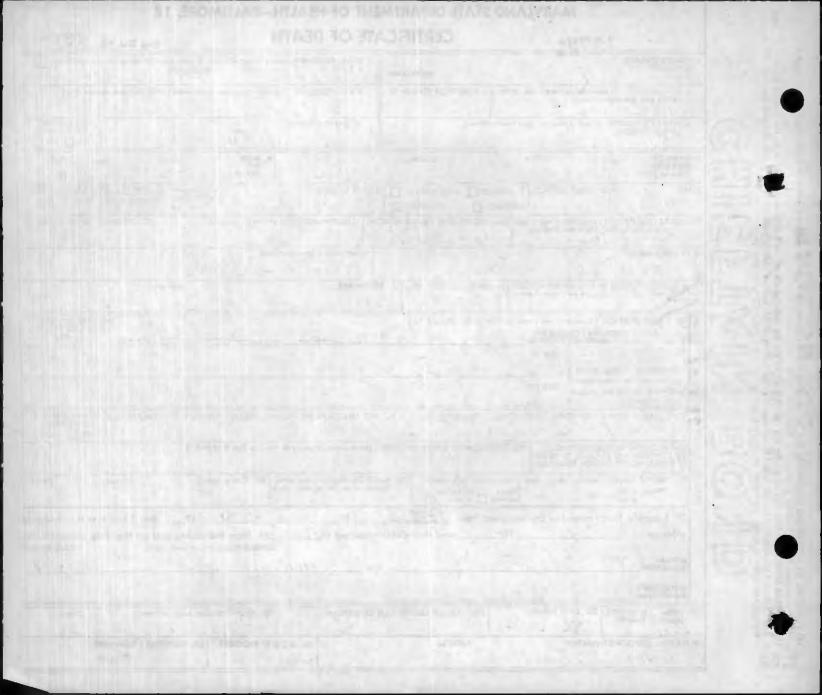


	13720 CE	ERTIFICATE OF DEATH	eg. Dist. Na 3697
	PLACE OF DEATH o. COUNTY Calvert	MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE b. COUNTY	Residence before admission) Calvert
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ESTAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RUR)	AL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
1	DECEASED (Type or print) ETHE!	Middle Last 4. DATE Month OF DEATH Dea	Day Year / 19 6
		VORCED 7-19-08 53 yrs. N	UNDER 1 YEAR IF UNDER 24 HRS. Ionths Days Hours Min.
U	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working lift even if retired)	Carico, Jola	12. CITIZEN OF WHAT COUNTR
	Parran Gough	Emmana Bisi	hop
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI	3951 alles Gough	Lusly, 50%
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), o PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COLO	rebral Vascular acced	end onset and death 2 mon
	Conditions, if any, which gave rise to immediate (b)	pertension	7 yrs
z	code (o), stoting the under- lying couse last. (c)	cabeles	1 2 mg
TICATION		TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED? YES NO
A CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR Hour a. m. p. m. 19 of work of wark	2. 4. 4 1 10 114 114	(County) (Slote)
	21. I certify that I attended the deceased from \(\)		hat I last saw the decease
	ACTUAL SIGNATURE STATE SIGNATURE	ADDRESS (Street, city or lown, store) M.D. PRINCE Freder	te) DATE SIGN
	PHYSICIAN'S Page C. Te	77	
	BURIAL CREMATION, 226. DATE THEREOF 22c, NAME O	OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or c	ounty) (Stote)
1	FUNERAL DIRECTOR'S SIGNATURE JADDRESS	Hill Churche Lusby, Cili	AR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Page 4

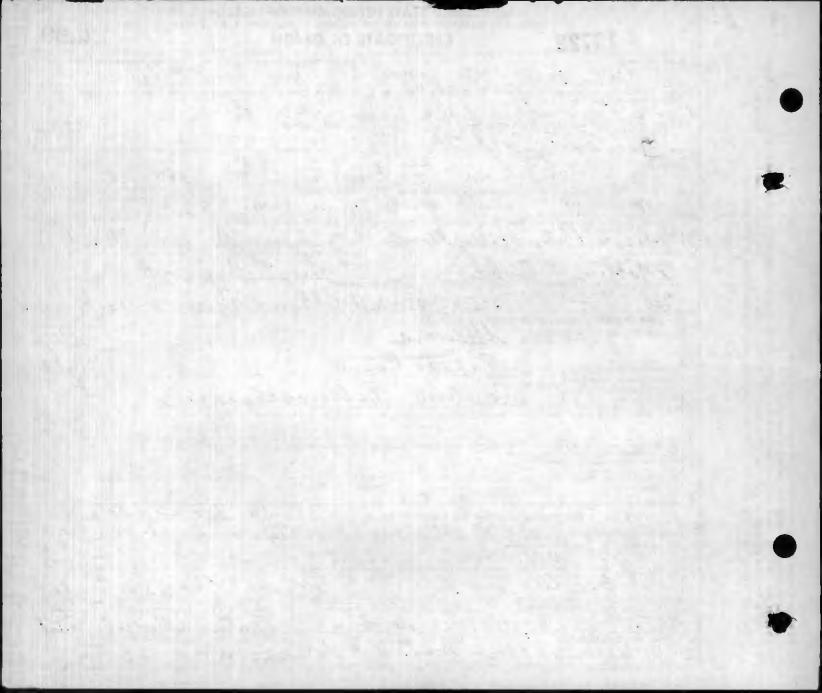
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13699

1	1. PLACE OF DEATH O. COUNTY Cabest	MARYLAND 2, USUAL o. STA		b. COUNTY Calrect		
L	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town of the company of the control of	ek X	OR TOWN (If outside corporate ling Daces Beau BET ADDRESS	e. IS RESIDENCE ON A FARM3 YES NO		
	3. NAME OF DECEASED (Type or print) Benjamin	Hiddle Embr	Lost 4. DATE OF DEATH	Month Day Year Lee, 24, 1967 E (In years IF UNDER 1 YEAR IF UNDER 24 HRS.		
	5. SEX 6. COLOR OR ACCE 7. MARRIED ONE WIDOWED 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BI	DIVORCED Time	14,1874 8	Dirthdoy) Months Days Hours Min.		
)	Wholes are (returned) about 13. FATHER'S NAME	sordo m	HER'S MAIDEN NAME	mal 21.5.9,		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC (Yes, no, or unknown) (If yes, give wor or doles of service) 25-0-5	CURITY NO. 17. INFORMANT	illiams Towe	Address - Pares Beach		
	334 X DUE TO 7	ma		INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	ial arle	MOSCLEED	DITION GIVEN IN PART 1(o) 19. WAS AUTOPSY		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORME YES NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS						
	UF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCC Hour o. m.	hile foctory, street,	URY (Home, form, office bldg., etc.)	wn) (County) (Slote)		
	21. I certify that (1) (this haspital) attended the d saw the deseased alive on PCL 25 19	1	urred at 73M, fram the	1961, that (I) (we) last causes and an the date stated above.		
	22c. PHYSICIAN'S	M.D. PHYS	NDING MED. STA	AFF SIGNED		
	NAME (Type) ACF (SE) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAM	AE OF CEMETERY OR CREMATO	PRINCE F	City, town, or county) (State)		
	BEMOVAY (Specify) Dec. 27, 1961 97/2	adwidge	north	Listhieum, med		
	a. a. Trankners 4 Son - 7	includ, me	DATEDEC 2 7 '61	25b. REGISTRAR'S SIGNATURE		



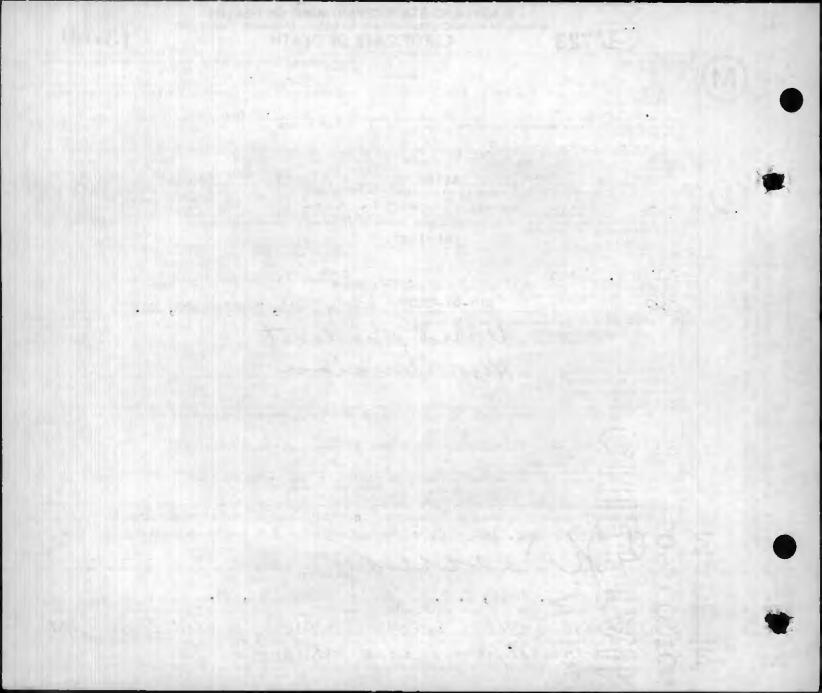
Page 4

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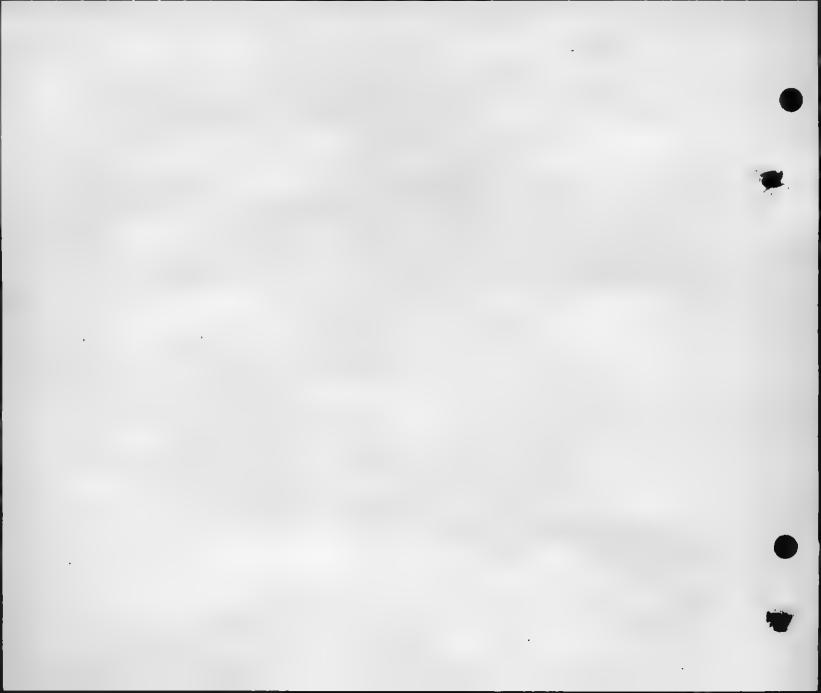
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13723

13700

1. PLACE OF DEATH a. COUNTY	MARYLAND	a. STATE	ere deceased lived. If institution: R b, COUNTY	Residence before admission)
Calvert		Maryla		alvert
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	1	utside carporate limits, write RURAI	L and give nearest tawn)
Prince Frederick d. NAME OF HOSPITAL (If not in hospital, give street of	address)	d. STREET ADDRESS	ng t. awn	e, IS RESIDENCE
OR INSTITUTION	,			ON A FARM? YES TO NO
Calvert County Hospital			T T	
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Harry	Allen	Gibson		cember 16 19 61
S. SEX 6. COLOR OR RACE 7- MARRI	ED P NEVER MARRIED	B. DATE OF BIRTH	The state of the s	INDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWE	D DIVORCED	10/10/89	72 Yrs.	inths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. K during mast af warking life, even if retired)	CIND OF BUSINESS OR INDU	STRY 1. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	La L
Julius B. Gibson		Gora Trott		
	SOCIAL SECURITY NO. 17. III	VFORMANT	Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	0 01 0050			
700		Birtie Trott,	Huntingtown, Md	
18. CAUSE Of DEATH [Enter anly one cause per line	e for (a), (b), and (c).]	A 4		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ubral ac	redered		2 days
22) X DUE TO	-1			
Canditians, if any, which)	ines les	aidon		
gave rise to immediate	11			
tying square last				
	ONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMI	NAI DISEASE CONDITION GIVEN I	N PART 161 19 WAS AUTOPSY
E	DIVINIBUTINO ID DEATH BUT	THE REDUIED TO THE PERMIT	THE DISCASE CONDINOR OF STREET	PERFORMED?
5			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES NO
OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature at injury in t	'art I ar Part II at Nem 16.1	
Oc. TIME OF INJURY Manth, Day, Year 20d. IN Maur a.m. While at wark		ACE OF INJURY (Hame, form		(County) (State)
Hour a.m. 19 While at wark	IAGI MILIE	clary, street, affice bldg., etc.) [
		1	1 - 1 -	/ /3
21. I certify that (i) (this haspital) ottende				
saw the deceased alive an Dec 16	19_61, and that a	death accurred at A	M, from the causes and a	
22a. SIGNATURE		ATTENDING _ ME	CTAFE	22b.DATE SIGNED
198100	2711	M.D. PHYS.	RECTOR PHYS. 12	2/16/61
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
George J. Weems.		Huntingto	wn. Md.	
230. BURIAN, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City, tawn, or co	ounty) (State)
Phinese Dec 18, 1961	Calvary	Cometery	Huntingto	won Ded
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /.	250. REC'I		R'S SIGNATURE
Hulchins Tuneral H	me Clips	for ma. DADEC	21 '61 Comment .	3. Thomas
	<u> </u>	/	,	



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORD STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE 1. PLACE OF DEA 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY a. STATE **b.** COUNTY MARYLAND and b, CITY OR TOWN (I outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerast town) þ write RURAL and give nearest town after .e --Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give staet address) IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE W.ddle Last Month Day DECEASED OF DEATH (Type or print) 1961 16. COLOR OF RACE T, MARRIED AGE (In yeers | IF UNDER 1 YEAR carbon 5. SEX IF UNDER 24 HRS. DATE OF BIR NEVER MARRIED [and last birthday)-Months Hours WIDOWED V DIVORCED physician 10s. USUAL OCCUPATION (G ve kind of work 12. CIT ZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during mest of working life, even if retired) 13. FATHER'S NAME ding WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, or unkown) | (If yes give wer or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one court per line for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which (b) geve rise to Immediate cause DUE TO (e), stating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY certificate PERFORMED? S o NO F 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part it of item 18.) 200, ACCIDENT WAS UNDERLYING | OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work al work p.m. 21. I certify that (I) (this hospital) attended the deceased from plnous saw the deceased alive ,, and that death occurred at SAM, from the causes and on the date stated above. 22a. SIGNATURI 22b. DATÉ ATTENDING MED. STAFF SIGNED X PHYS. DIRECTOR PHYS. MD. 22d. ADDRESS 22c. PHYSIC, AN S NAME (Type) BURIAL, CREMATION, | 23b. DATE THEREOF CEMETERY OR CREMATORY 23d. LOCATION (City, (State) 23c. 25b. REGISTRAR'S FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE DEC



MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORD** ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COUNTA e. STATE filled in by the f Pages 1 and 2 s MARYLAND death. b. CITY OR TOWN (if outside comprete I mits c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give Aerest flown after normes characa d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give greet address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO DE 3. NAME OF M ddle 4. DATE Year DECEASED OF (Type or print) DEATH 19 aman 5. SEX AGE (In Years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED and last birthday) Months Devs Hours WIDOWED I DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) phy 13. EATHER'S NAME .⊆ attending 8 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, namer unkown) (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which paye rise to immediate ceuse DUE TO (m), sletting the undarlying **burial**, cause last. the PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate PERFORMED? 200 NO 208 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJRY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Sleta) 20c. TIME OF INJURY Month, Day, Yaer factory, street, office bldg., etc.] Not While While at work at work 21. | certify that (I) (this hospital) attended the deceased from... saw the deceased 22a. SIGNATURE DATE ATTENDING STAFF SIGNED MED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stele) 23c. NAME OF LOCATION 256. REGISTRARE SIGNATURE VR A15 (4)



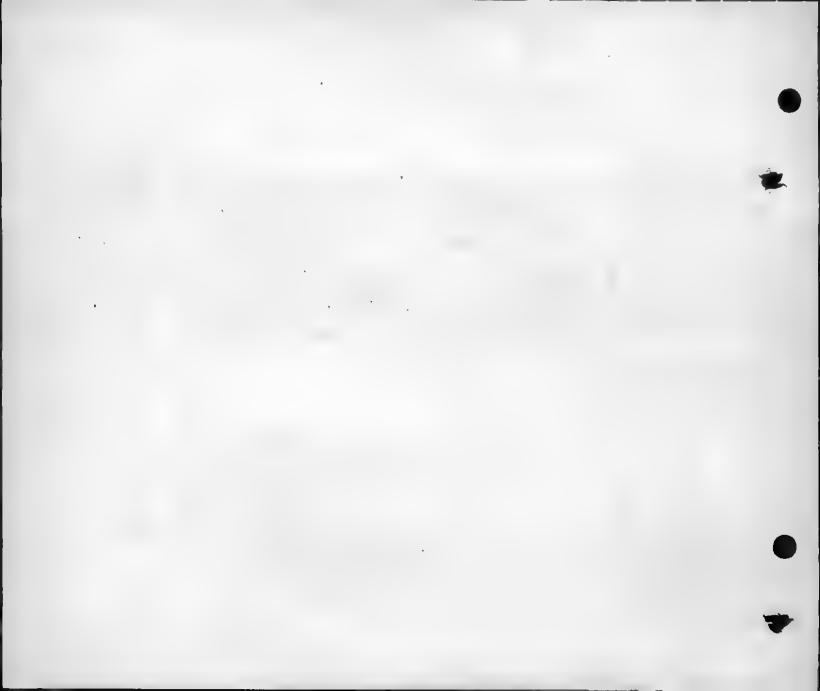
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEPARTMENT OF HEALTH

4 21702

	~ C 3 44 4	CERTITICA	IL OI DEATH		19109
	1. PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (Wh		utian Residence befare admission)
	Calvert	MARYLAND	o. STATE Maryland	6. COUNT	Calvert
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL and give nearest lown)
	Prince Frederick	6 das.	X Prince Fr	ede mi ck	
1	d NAME OF HOSPITAL (If not in hospital, give street of NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street of the NAME OF HOSPITAL (If not in hospital, give street) (If not in hospital,	address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
Ĺ	Calvert County Hospital		Maryland		YES NO
	3 NAME OF First DECEASED	Middle	losi	4. DATE M	onth Day Yeor
	(Type or print) James	E. J	ones	DEATH Dece	mber 16 1961
	5. SEX 6 COLOR OR RACE 7. MARR	IED 📈 NEVER MARRIED 🔲	8 DATE OF BIRTH	9 AGE (in year jast birthdoy)	
	lale White WIDOWE	DIVORCED	6/11/02	5988 yr	
	10a JSUAL OCCUPATION (Give and of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole	or foreign caunitry)	12. CITIZEN OF WHAT COUNTRY?
	Housewile	Home	Maryland		U.S.A.
i	13. FATHER'S NAME	77	14. MOTHER'S MAIDEN N	IAME	
	James Edward Jones		Annie Boo	ne	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Ac	idress
	No - 51	18-07-0654 M	ary F. Jones,	Prince Frede	rick, Md.
	18. CAUSE OF DEATH [Enter only one cause per /	o for (a), (b), and (c).]	///		INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	neummin	, hopen	L)	6 days
	331× DUE TO	6	1	2	
-	Canditians, if any, which) (b)	erelial	ocumet	ives	,
	gove rise to immediate DUE TO				
	lying couse last. (c)				
	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	SIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
)	PART II OTHER SIGNIFICANT CONDITIONS C				YES NO
	200 ACCIDENT WAS UNDERLYING 20b DESC	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in F	Part I or Port II of (Iem 18.)	
				_	
		£	ACE OF INJURY (Home, farm story, street, office bldg., etc.	, 20f. (City or tawn)	(County) (State
	O Haur o m While of warl	IAMI WILLIE	12/10	1.1	
	21. I certify that (1) (this hospital) gittend	led the deceosed from	10/10/19	10 12/66	195/_, that (I) (we) los
	saw the deceased alive on 12/16	196 , and that d	eoth accurred at	M. from the causes of	and on the date stated above
	22a SIGNATURE	12			225 DATE SIGNEE
	Lawilla	ment	M.D. PHYS. DI	RECTOR PHYS.	SIGNEE
	22c PHYSICIAN'S NAME (Type)	1- TTILLOW	22d ADDRESS	Tot 1.	14161
		16 01664	RICED C	- nem	and m
	23d BURYAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O	RCREMATORY	23d. LOCATION (City, town	n, of county) (State)
	Durent" Dec 19, 1961	Mit. Oleves	-	Frederice	e ma
	24 FLNERAL DIRECTOR'S SIGNATURE	ADDRESS /			GISTRAR'S SIGNATURE
	4.4. Harkness & Hos	~ Illulual	Md, DATE DE	G 2 0 '61 L	4 t S. Frank

to P NERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely, the in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. JDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter

TO MOSPITAL OR A VR A1S (4) 15M 9/59





DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2, USUAL RESIDENCE DW here deceased lived. If institution: Residence before admission) a. COUNT 2 E b. COUNTY MARYLAND CITY OR TOWN (If autside capacite limits, write RURAL and give negrest town) funeral uld be f Tc. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) should TAME OF MOSPITAL (If notion haspital, give street address) IS RESIDENCE STREET ADDRESS ON A FARM? YES NO N 4. DATE NAME OF Year Middle Manth Day DECEASED 19 61 DEATH (Type or print) ecem 16 AGE (In years lost birthday) IF UNDER 3 YEAR IF UNDER 24 HRS S. SEX MARRIED NEVER MARRIED Manths! Haurs offer DIVORCED [WIDOWED 🔀 ctober 13.1885 6 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) a-73 d YOUSE W 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME y almen 17 INFORMÁNT Address 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO If yes, give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one couse per line for (a) (b) and (c) ONSE AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Canditions, if ony, which gned gave rise to immediate DUE TO cause (b), stating the underlying couse last. buriol-tronsit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 emotion, PERFORMED? YES NO 🗖 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I at Port's of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Month. Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Not while at work of work p. m. 21 I certify that (I) (this hospital) attended the degleased frag 19 Cat, that (I) (we) last saw the deceased alive , and that death accurred a M, from the causes and an the date stated above. 22a SIGNATURI 22b DATE SIGNED ATTENDING MED DIRECTOR STAFF M D Boord 22 PHYSICIAN'S 22d ADDIESS NAME (Type) -y (State) 230 BURIAL, CREMATION, 236, DATE THEREOF 28d. LOCATION (City, town, or county) 23c. NAME OF COMETERY OR CREMATORY REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR ¹61 Chrima & Haus 1SM 9/59

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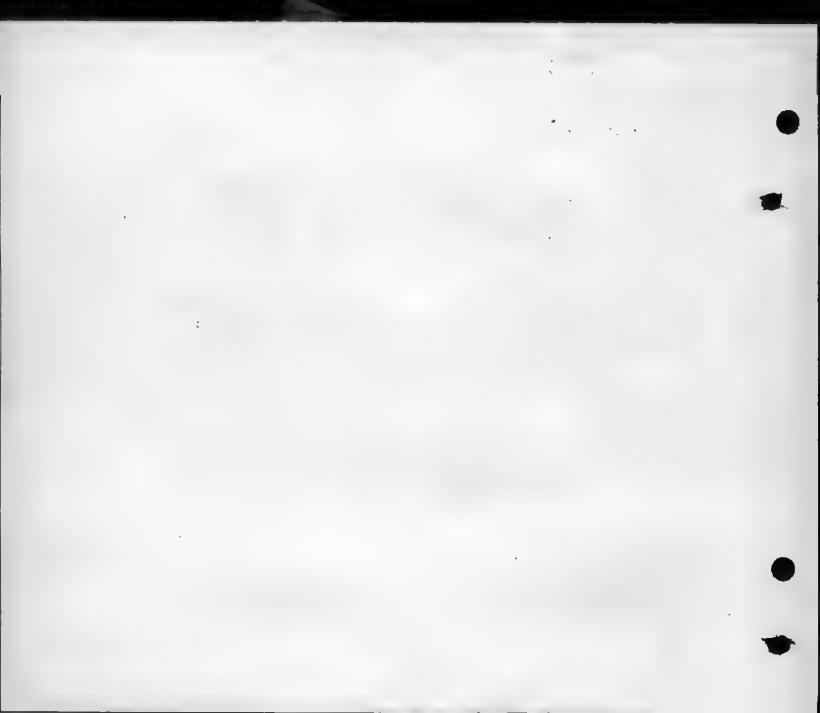
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VS. A15ME(S) SM 9/55

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Reg. Dist. No.

		LACE OF DEATH L. COUNTY COLUET MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) e. STATE b. COUNTY Collect
	b	CITY OR TOWN Washends corporate white write EURAL c. LENGTH OF STAY IN 16 ACCURATE A LANGE CONTRACTOR OF STAY IN 16	c. CITY OR ROWN (If outside perparate limits, write RURAL and give nearest fown)
,	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
		VAME OF DECEASED Type or print) Kensington Paul	LOW 4. DATE Month Doy Year Death Dec 10, 196.
	5. \$	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED 8	DATE OF BIRTH 9. AGE (In years least birthday) Age (In years least birthday) Months Days Hours Min.
	d	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 10b most of working life, even if relired) ALLE WOLLD ALLE DAILO ME	11. BIRTHPLACE (Stoty or Foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13.	Berg Lochs	14. MOTHER'S MAIDEN NAME ELIZABETH Kels
	15. (Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19. 10. ocompound (If you give war or dates of service)	Per Roy, Huilingtown, Md
		18. CAUSE OF DEATH [Enler only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (o)	NIERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which) (b) (Callet 1)	levores
		gove rise to immediate cause (a), stoling the underlying cause lost. (c)	
)	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART 100 NO PAR
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18.)
	MEDICAL		E OF INJURY (Home, form, ry, street, office bldg., etc.) (City or town) (County) (Stote)
		21. I certify that I took charge of the remains described above	re, held an Autopsy 🔲, Inspection 🗹, Inquiry 🔲, and find that
		death resulted from: Natural causes [2], Accident [], Suic	ide 🗍, Homicide 🗍, Undetermined cause 🗍.
		ACTUAL THURE THE LEWIS	M.D. CHIEF MEDICAL EXAMINER []
-4		EXAMINER'S NAME (Type)	ASSISTANT MEDICAL EXAMINER DECLES
	220	BURIAL CREMATION, 12th. DATE THEREOF 22c. NAME OF CEMETERY OR IT REMOVAL (Specify) 12-15-61 Brook's Cem	CREMATORY 22d. LOCATION (City, town, or county) (Slote) Calvert Co. /VId
-	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS D J	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		t. C. Secure Trince tre	deric (DATE) EC 2 0 '61 Walking 8 75

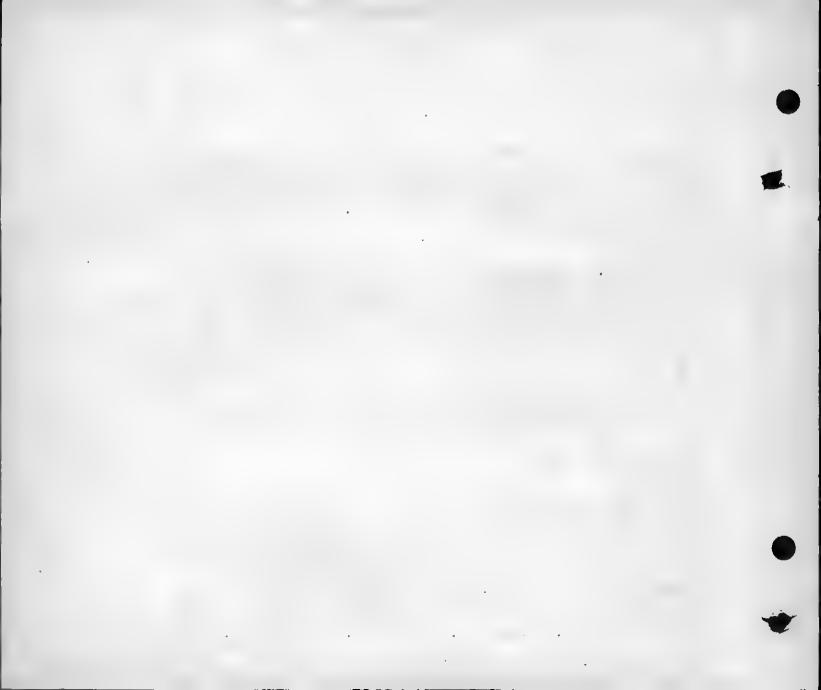


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

A A SEE CERTIFICATE OF DEATH	3730	CERTIFICATE	OF DEATH
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Pen		1	3	7		7
Boat	Piles	Nall.	المها	Œ	V	OF S

									.,48	- DI31, 11Q.		
1 PLACE OF DEATH • COUNTY Ca	lvert		MARYI	AND	2. USUAL RESI		ere decease yland	l tived. If institut b. COUNTY		sidence befo		sion)
RURAL and give ne Prin	ce Freder	ick	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Owings							
OR INSTITUTION	Nursing		oddress)		d. STREET A	DORESS						FARM?
3. NAME OF DECEASED (Type or print)	CHARLE		Middle CLARENCE	MA	RSELAS	t	4. DATE OF DEATH	Decembe		Do	•	Year 1961
5. SEX Male	6. COLOR OR RACE White	7 MARR	IED NEVER MARRIE	D 🔲 8.	ov. 25		6	9. AGE (In years lost birthdoy) 85 yrs.		IDER 1 YEAR		
10a. USUAL OCCUPATIOn during most of work	N (Give kind of work on ing life, even if retired)	lane 10b.	KIND OF BUSINESS OF Retired		RY 11 BIRTHPL	V	or foreign c	,	12	CITIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME	. Marsela				14. MOTHER'S	MAIDEN N	IAME	*****				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17 IN	MO L J	lie Ma	arque		lress			
1Yes, no. or unknown)	f yes, give wor or dotes of se	rince)	none	He	rbert N	larse:	las	Owings	s, 1	Maryla	and	
Conditions, if on gove rise to in cause (o), stating the typing couse last.	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which he under- (c)	N	pe for (o). (b). and (c).] Lence Appelle	12	che			Ceria			ET AND	<u> </u>
PART II OTH 20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I			ONTRIBUTING TO DEA						VEN IN	PART 1(o) 1	PERFC	AUTOPSY RMED?
	CAUSE OF DEATH MEDICAL EXAMINER)											
20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yea	While	Not while of work	20e. PLAC focto	E OF INJURY II	Home, form, bldg., etc.	20f. (Cily	or town)		(County)		(State)
21. I certify the alive an	of lattended the	decease 19	/	death o			_M, fron	the causes of the courses of the courses of the courses of the course of	and a		le state	
PHYSICIAN'S NAME (Type)	Pa	eq e	C. Jer	T_		/	na.	ylar	10			
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Dec. 19		22c. NAME OF CEMEN	_				OWINGS			(State	e)
23 FUNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS Vings, Mar			240. REC'E	BY REGIST	RAR 24b. REGI	STRAR	S SIGNATUR	E	

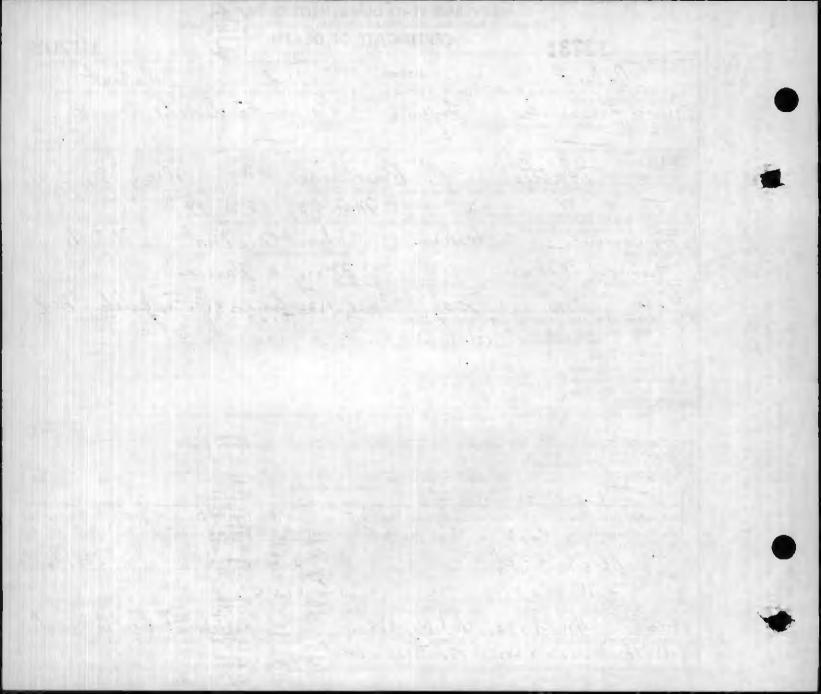


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MARYLAND	STATE	DEP	ARTMEN	T OF	HEAL	LTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13731 CERTIFICATE OF DEATH 13708
1. PLACE OF DEATH O. COUNTY O. STATE 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY D. CO
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town) Rurae Frederick (rural)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Hatte R. Rawlings DEATH Dec. 8, 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BUTTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. 18 18 18 18 18 18 18 1
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Housewy . The Calvetto, Md 12. CITIZEN OF WHAT COUNTRY? Calvetto, Md 12. CITIZEN OF WHAT COUNTRY?
James Weems Mary L. Hance
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Ves. po Portugues) (If yes. give your or dotes of service) No. Earl Rawling - Potrulariete, Med
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLUMN ROUGH PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
Conditions, if ony, which) (b) Conditions, if ony, which)
gove rise to immediate cause (a), stating the under-lying cause last. DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour d. m. 20f. (City or lown) (County) (Stote) White Not white at wark of work of work 1 of work
21. 1 certify that (1) (this haspital) attended the deceased frage. 2/6
220. SIGNATURE M.D. ATTENDING MED. STAFF 12/8/6/6
NAME (Type) /, W. WARD 22d. ADDRESS OWINGS
230. BURIAL, CREMATION, 236. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (Stote)
24 FUNERAL DIRECTOR'S SIGNATURE 4 G. LYackness & Son - Multical, Mal DAYS 12'61



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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13732

)	1. PLACE OF DEATH o. COUNTY Calvert	MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY		- /	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside co		AL and give ne		
	Prince Frederick d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION		Rose Haven, North		02	e. IS RESIDENCE ON A FARM?	
	Calvert County General Hos		24 Charleston Ave			YES NON	
	3. NAME OF Pirst DECEASED (Type or print) William	Middle	WRIGHT OF	TH JEC.	. 11	1961	
	5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	IED NEVER MARRIED	8. DATE OF BIRTH April 19, 1891	7	Months Days	Haurs Min.	
	100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Superintendant 13. FATHER'S NAME				U.S.	A .	
	William H. Wright		Bertha G. Brwi	ler			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.1		on Ave, Rose	e Haven	, N. Beac	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under- Lying cause last. (b) DUE TO Conditions of the under- Lying cause last.							
)	PAIRT II. OTHER SIGNIFICANT CONDITIONS OF THE PAIRT II. OTHER SIGNIF		NOT RELATED TO THE TERMINAL DIS		N IN PART 1(o)	PERFORMED? YES NO	
	200. ACCIDENT WAS UNDERLYING 20b. DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	20c. TIME OF INJURY Month, Day, Year 20d. It Haur a. m., 19 While at war	_ Not while _ fo	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)	City or town)	(County)	(State)	
	23. I certify that (1) (this hospital) attends saw the deceased alive on 1922. Z20. SIGNATURE	1961, and that	death occurred of M. fro	om the causes and		nat (I) (we) last e stoted above. 22b. DATE SIGNED	
	22c. PHYSICIAN'S ISSAIN F. EL-D	Dámalouji, M	M.D. PHYS. DIRECTOR 27d. ADDRESS PRINCE	CREIDERIC	K We	A.	
	23a. BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF CEMETERY C		CATION (City, lawn, or	.,	(Stole)	
		SHAADDRESS	250. REC'D BY REC'D B	GISTRAR 256 REGIST	RAR'S SIGNATU	IRE	

in by the funeral director, and 2 should be filed with **DING PHYSICIAN**: The law requires that the deoth certificate be executed within 24 hours ofter d ony event within 72 hours puo Then pleose remove carban is retained by mospital or attending physician.

2) For VRAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached for use as the burial-transit permit. Then please remove cart the State Board of Health priar to burial, cremation, or removal, and in any event, within

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